

# Chapter 3

## LINKING THE *STANDARDS* AND *FRAMEWORK* TO CURRICULUM DEVELOPMENT

*Vision is the art of seeing the invisible.*

JONATHON SWIFT



## LINKING THE STANDARDS AND FRAMEWORK TO CURRICULUM DEVELOPMENT

### UNDERSTANDING THE LANGUAGE OF STANDARDS

In order to best utilize the *Comprehensive Health Education and Physical Education Standards* in curriculum development, teachers and curriculum developers need to understand the language of standards-based instructional programs. Here are a few key terms used in this *Framework*. The *Comprehensive Health Education and Physical Education Standards* and cumulative progress indicators follow.

- A **core curriculum content standard** (or simply **content standard**) describes what students should know and be able to do in a particular discipline. Standards outline the broad concepts and skills deemed an essential part of every student's instructional program.
- A **cumulative progress indicator** also describes what a student should know and be able to do but in a more specific manner. It illustrates the standard, focusing on specific knowledge and skills necessary at certain benchmark grades (Grades 4, 8, and 11/12). Students at each benchmark level are expected to master all the cumulative progress in their cluster (Grades K-4, 5-8 and 9-12) and continue to maintain that mastery as they move through the more advanced clusters. Each *standard* has numerous cumulative progress indicators.
- A **framework** is a compendium of sample learning strategies, background information, and resources to assist school district staff in the development of an instructional program that will enable all students to meet the *standards*. Activities in the framework are samples; that is, they reflect the creative energy and best practices of teachers from across the State but do not comprise a required curriculum. The *Framework* illuminates the *Comprehensive Health Education and Physical Education Standards* and cumulative progress indicators, giving teachers a better picture of content and expectations.
- There are seven content areas represented as part of the *New Jersey Core Curriculum Content Standards*. In a reference to *Standard 2.1-4*, the number "2" represents the *Comprehensive Health Education and Physical Education Standards*, the number "1" represents the first *Comprehensive Health Education and Physical Education Standard*, and the number "4" represents cumulative progress indicator number 4.

## **COMPREHENSIVE HEALTH EDUCATION AND PHYSICAL EDUCATION LIST OF STANDARDS**

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### **HEALTH PROMOTION AND DISEASE PREVENTION**

- 2.1 All students will learn health promotion and disease prevention concepts and health-enhancing behaviors.

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### **PERSONAL, INTERPERSONAL, AND LIFE SKILLS**

- 2.2 All students will learn health-enhancing personal, interpersonal, and life skills.

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### **ALCOHOL, TOBACCO, AND OTHER DRUGS**

- 2.3 All students will learn the physical, mental, emotional, and social effects of the use and abuse of alcohol, tobacco, and other drugs.

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### **HUMAN SEXUALITY AND FAMILY LIFE**

- 2.4 All students will learn the biological, social, cultural, and psychological aspects of human sexuality and family life.

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### **MOVEMENT**

- 2.5 All students will learn and apply movement concepts and skills that foster participation in physical activities throughout life.

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### **FITNESS**

- 2.6 All students will learn and apply health-related fitness concepts.

## COMPREHENSIVE HEALTH EDUCATION AND PHYSICAL EDUCATION STANDARDS AND CUMULATIVE PROGRESS INDICATORS

### Standard 2.1

*All students will learn health promotion and disease prevention concepts and health-enhancing behaviors.*

**Descriptive Statement:** Health-literate and physically educated students seek to improve personal, family, and public health. Using health promotion and disease prevention principles, nutritional concepts, and injury prevention strategies, students modify personal behaviors based on risk factors and adopt health practices to reduce or eliminate preventable health problems. Health-literate and physically educated students recognize the importance of prevention, early detection, and treatment in enhancing personal wellness.

#### Cumulative Progress Indicators

***By the end of Grade 4, students:***

1. Describe a healthy child and identify factors that contribute to good health.
2. Describe the basic structure and function of human body systems.
3. Identify and demonstrate responsible health behaviors for children.
4. Explain how childhood injuries and illnesses can be prevented and treated.
5. Describe potentially dangerous or threatening situations related to childhood activities, develop personal protection strategies, and cite resources for help.
6. Identify common health products and foods found in the home and correctly interpret labels, information, directions, and warnings.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 8, students:***

7. Describe a healthy adolescent, discuss injuries and illnesses common to this age group, and identify ways to prevent, reduce, or eliminate these health problems.
8. Explain how health is influenced by the interactions of body systems and nutritional intake.
9. Analyze how family, peers, culture, media, technology, and the environment affect wellness.
10. Identify and demonstrate health practices that support and enhance personal and family physical and mental health.
11. Analyze a health profile to determine strengths and potential health risks resulting from risk factors and health-enhancing behaviors.
12. Describe situations requiring health services and locate community health care providers comparing their services, benefits, and costs.

13. Examine health product and food labels and advertisements comparing accuracy, content, directions, and value.
14. Analyze the influence of peers and the media on risk behaviors, injuries, and violent behavior.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 12, students:***

15. Describe a healthy adult, discuss adult physical and mental health problems, and use health assessment data to develop strategies for reducing health problems and related risk factors.
16. Analyze the impact of genetic, nutritional, behavioral, cultural, and environmental factors on the functioning of the body systems and use this information to identify responsible health practices.
17. Analyze situations that require professional health services, analyze the costs and sources of payment, and discuss how these factors influence the accessibility and delivery of healthcare.
18. Discuss and compare the influence of public health policy, government regulations, research, medical advances, and the healthcare industry on current and emerging health problems.
19. Describe the principles of injury prevention and risk management, analyze factors that contribute to the incidence of injuries and violence, and develop strategies for prevention.
20. Analyze the influence of the media on risk behaviors, disease prevention, and the incidence of injuries and violent behavior.

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## **Standard 2.2**

***All students will learn health-enhancing personal, interpersonal, and life skills.***

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**Descriptive Statement:** Health-literate and physically educated students communicate effectively. These students set health goals, solve health-related problems, and resolve conflicts. They use health-enhancing personal, interpersonal, and life skills to initiate and maintain healthy relationships that contribute to wellness.

### **Cumulative Progress Indicators**

***By the end of Grade 4, students:***

1. Describe and demonstrate a variety of ways to access and convey health information and ideas.
2. Demonstrate decision-making and refusal skills in situations affecting health and safety.
3. Define health goals, differentiate between long and short-term goals, and set a personal health goal to track progress.
4. Define conflict and demonstrate appropriate nonviolent strategies to resolve it.

5. Describe how culture and the media affect the ways individuals communicate, show emotions, and cope with stress.

***Building upon knowledge and skills gained in the preceding grades,  
by the end of Grade 8, students:***

6. Describe and demonstrate ways to access and present health information and ideas, and analyze the information for accuracy and reliability.
7. Describe and demonstrate effective communication skills, decision-making skills, refusal skills, negotiation skills, and assertiveness in situations that influence adolescent health and safety.
8. Analyze how health decisions and behaviors are influenced by family, peers, culture, and the media, and develop strategies that support effective decision making and safe behavior.
9. Describe how health goals are influenced by changes that occur throughout the life cycle.
10. Analyze the causes of conflict and violent behavior in youth and adults, and describe nonviolent strategies for individuals and groups to prevent and resolve conflict.
11. Describe the impact of crisis, stress, rejection, separation, and loss, and develop coping strategies for each.

***Building upon knowledge and skills gained in the preceding grades,  
by the end of Grade 12, students:***

12. Synthesize, interpret, and express information about health issues using valid resources, and adapt the information for different audiences.
13. Analyze social situations and conditions that affect health and safety, and select and evaluate the appropriate skills for each situation.
14. Analyze the causes of conflict in groups, families, and within the community, and demonstrate and evaluate nonviolent strategies to prevent, mediate, and resolve conflict.
15. Analyze the impact of crisis, stress, rejection, separation, and loss on physical and emotional health, and develop coping strategies that consider the influence of family, culture, and personal experience.
16. Develop a plan for lifelong wellness using data from health assessments, family history, nutritional information, and current health practices, and evaluate progress towards meeting health goals in the plan.
17. Predict adult daily needs to maintain a healthy lifestyle, design a plan and budget based on those needs, and justify the plan.

### Standard 2.3

***All students will learn the physical, mental, emotional, and social effects of the use and abuse of alcohol, tobacco, and other drugs.***

**Descriptive Statement:** Health-literate and physically educated students know the short- and long-term effects of alcohol, tobacco, and other drugs on the body, behavior, performance, and personal relationships. These students use medicines correctly and refrain from the harmful or illicit use of chemical substances. Health-literate and physically educated students identify and use resources for information about chemical dependency, and know how to seek support, assistance, and treatment for problems associated with the abuse of alcohol, tobacco, and other drugs.

#### **Cumulative Progress Indicators**

***By the end of Grade 4, students:***

1. Define drugs and medicines, describe the purposes and correct use of medicines, and describe the role they play in the maintenance or achievement of wellness.
2. Recognize the physical and behavioral effects of alcohol, marijuana, tobacco products, inhalants, anabolic steroids, and household substances that may be misused for mood-altering effects.
3. Recognize the signs and symptoms of chemical misuse, abuse, and dependency, discuss their impact on personal and family health, and identify resources for help and information.
4. Identify laws related to the sale and use of alcohol, tobacco, and other drugs.
5. Describe how the use, misuse, and abuse of alcohol, tobacco, and other drugs contribute to the incidence of illness and injury.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 8, students:***

6. Classify chemical substances by their actions on the body, and describe the short- and long-term effects of their use.
7. Discuss the appropriate use of medicines and the dangers of drug interactions.
8. Analyze the impact of chemical substances on development, behavior, and activities.
9. Describe the signs and progression of chemical use, abuse, and dependency throughout the life cycle.
10. Identify and explain how to access resources for information, support, and treatment of problems related to the use and abuse of chemical substances.
11. Discuss laws pertaining to the use, sale, and possession of alcohol, tobacco, and other drugs.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 12, students:***

12. Discuss chemical substances according to their uses, actions, and effects on the body.
13. Discuss the influence of the media on the choice, use, and misuse of medicines.
14. Discuss alternative actions for relief or treatment of common health problems.
15. Analyze the short- and long-term effects of chemical use, abuse, and dependency on the body, behavior, work and school performance, and personal relationships.
16. Describe intervention and treatment strategies for chemically dependent individuals, and locate community resources for information, support, and treatment.
17. Interpret laws pertaining to the use, sale, and possession of chemical substances, with an emphasis on laws relating to driving under the influence.
18. Describe how chemical substances used during pregnancy can affect prenatal and early childhood growth and development.

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### **Standard 2.4**

***All students will learn the biological, social, cultural, and psychological aspects of human sexuality and family life.***

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**Descriptive Statement:** Health-literate and physically educated students consider the biological, social, psychological, and cultural implications of sexual behavior when making health-enhancing choices. Health-literate and physically educated individuals take personal responsibility for their sexual health and the health of their relationships, and recognize the impact that sexual decisions may have on the well-being of others.

#### **Cumulative Progress Indicators**

***By the end of Grade 4, students:***

1. Identify the stages of human development from conception to death.
2. Identify ways to show affection and caring that are appropriate for children.
3. Discuss how family and friends are important throughout life and that relationships require respect for others.
4. Explain different kinds of families and that all family members have rights, privileges, and responsibilities.
5. Discuss the influence of the media on the development of gender stereotypes.



***Building upon knowledge and skills gained in the preceding grades,  
by the end of Grade 8, students:***

6. Describe the significant developmental milestones of each stage of human development, with an emphasis on the physical, emotional, and social changes of adolescence.
7. Describe the functioning of the human reproductive system and the physical and emotional changes that occur at puberty.
8. Describe and discuss affection, love, commitment, and sexual attraction and the difference between having sexual feelings and acting on them.
9. Discuss factors that support and sustain relationships such as friendships and marriage.
10. Describe the responsibilities of parenthood, with an emphasis on teen parenthood, and discuss the impact of parenthood on parents, family members, and the child.
11. Discuss the impact of early sexual activity on physical, emotional, and social health.
12. Develop strategies to support sexual abstinence, and compare and contrast methods of contraception used to reduce the risk of sexually transmitted diseases, HIV, and unintended pregnancy.
13. Analyze sexual messages, images, and stereotypes presented in the media and discuss their impact on sexual behavior.

***Building upon knowledge and skills gained in the preceding grades,  
by the end of Grade 12, students:***

14. Discuss theoretical models of human personality development.
15. Describe the physical, emotional, and social changes that occur at each stage of human development, and the role of human sexuality throughout the life cycle.
16. Describe how personal relationships evolve over time, focusing on changes in friendships, family, dating relationships, and marriage.
17. Analyze the responsibilities, joys, demands, and challenges of parenthood.
18. Describe safe and effective parenting skills, and identify resources for information and help with parenting.
19. Discuss issues regarding sexual orientation, sexual harassment, sexual assault, and domestic violence.
20. Compare and contrast risk reduction and prevention strategies, including sexual abstinence, monogamy, and methods of contraception.
21. Identify resources that provide information, assistance, and care in addressing sexual and reproductive health and legal issues.

## Standard 2.5

***All students will learn and apply movement concepts and skills that foster participation in physical activities throughout life.***

**Descriptive Statement:** Health-literate and physically educated students understand movement concepts and principles and apply them as they practice, assess, and refine movement skills in a variety of physical activities including games, sports, and lifetime recreational pursuits. Knowledge of movement concepts and practice of skills enhance the likelihood of independent learning and participation in physical activity throughout life.

### Cumulative Progress Indicators

#### ***By the end of Grade 4, students:***

1. Perform locomotor (walk, run, jump), non-locomotor (bend, reach, turn), and manipulative (throw, strike, kick) movement skills.
2. Modify basic movement skills by applying movement concepts (direction, speed), biomechanical principles (force, projection), and rhythm (tempo, beat).
3. Adapt movement skills in relation to objects, other participants, and boundaries.
4. Combine movement skills to participate in physical activities such as games, sports, and lifetime recreational pursuits.
5. Describe when, where, and how to use and adapt specific movement skills and concepts in physical activities.
6. Observe physical activities and provide feedback to participants to improve performance.

#### ***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 8, students:***

7. Describe the characteristics of skilled performance in a variety of physical activities.
8. Modify and combine movement skills using movement concepts, biomechanical principles, and rhythm to improve performance in physical activities.
9. Describe and demonstrate the application of appropriate rules, strategies, and sportsmanship behaviors as a participant in and observer of physical activities.

#### ***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 12, students:***

10. Analyze and apply movement concepts, biomechanical principles, and rhythm to independently learn, assess, refine, and combine movement skills used in physical activities.
11. Apply the principles of physiology, kinesiology, and psychology to improve personal performance in physical activity.

## Standard 2.6

*All students will learn and apply health-related fitness concepts.*

**Descriptive Statement:** Health-literate and physically educated students know the components of health-related fitness: cardiorespiratory endurance, muscular strength/endurance, flexibility, and body composition. Considering these components, students are able to meet their personal fitness needs by monitoring and adapting physical activity levels. Health-literate and physically educated students recognize that lifetime fitness activities contribute to wellness.

### Cumulative Progress Indicators

***By the end of Grade 4, students:***

1. Identify the components of health-related fitness and describe activities related to each component.
2. Demonstrate appropriate techniques used in fitness activities.
3. Describe how fitness activities enhance wellness.
4. Participate in health-related fitness activities.
5. Develop and attain a personal fitness goal to improve performance.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 8, students:***

6. Describe the components of health-related fitness and how each contributes to wellness.
7. Discuss and apply basic principles of training to fitness activities.
8. Assess physiological indicators of exercise before, during, and after physical activity, and describe how these can be used to monitor and improve performance.
9. Develop a personal fitness plan, using data from health assessments and fitness testing.

***Building upon knowledge and skills gained in the preceding grades, by the end of Grade 12, students:***

10. Discuss the physical and psychological benefits derived from health-related fitness activities.
11. Describe how sports injuries can be prevented.
12. Design and evaluate a personal fitness plan, taking into consideration fitness, health and nutritional status, age, interests, and abilities, and discuss how the plan may be adapted to injury, illness, or aging.

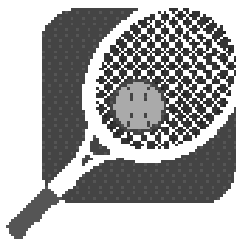
## CURRICULUM DEVELOPMENT

School district curriculum committees need to examine the big picture as they review, revise, and create a context for student achievement. When creating this vision, the most important factor is linking the *Core Curriculum Content Standards* to the program development process. Before any actual writing occurs, curriculum specialists and teachers need to become fully cognizant of the scope of the *Comprehensive Health Education and Physical Education Standards* and this accompanying *Framework*. Curriculum committees need to update their district goals, soliciting input from school administrators, the board of education, teachers, students, parents, and community members. Creating a vision and pathway for student achievement requires retrospection, data collection, analysis, and an honest examination of the needs of students.

To accomplish this, curriculum developers need to become familiar with various national documents that support and enhance our own state *Standards*. Laying the groundwork for further study, schools need to examine exemplary national curriculum projects (e.g., CDC's Programs *That Work*, National Diffusion Network [NDN] programs) and carefully scrutinize high-quality, commercially produced learning materials. School staff involved in developing curriculum should become familiar with national reviews of health and physical education programs (e.g., *Making the Grade*). Committee members should evaluate district funding for existing programs, looking closely at the use of categorical funding sources (Glatthorn, 1994). When aligning the existing curriculum, the committee should focus on the written curriculum, the tested curriculum, and the supported curriculum to ensure that what is taught is taught more effectively.

Too many times, teachers are given an unreasonable amount of time to adequately prepare for the process of curriculum development. Before one can ever begin to actually write, much research and preparation must take place. To ensure that program offerings enable all students to meet the *Standards*, school district health and physical education curriculum committees should:

- Know the *Comprehensive Health Education and Physical Education Curriculum Standards* and cumulative progress indicators for all grade clusters;
- Know the *Cross-Content Workplace Readiness Standards*;
- Review national standards documents, investigate instructional trends, and update content knowledge through regular reading, the use of technology, and attendance at professional development programs;
- Correlate existing programs of study and instructional objectives with the *Standards*;
- Compare district assessment policy and procedures with actual practice;
- Assess available district-owned materials (e.g., textbooks, packaged curricula, videos, software) for accuracy, availability, and content;
- Determine the teaching strategies/methods most often employed by district health and physical education specialists and compare with national trends and research;
- Determine available staffing resources;
- Analyze and predict staff development needs;



- Investigate the availability of educational materials and resources from outside agencies and organizations (e.g., Audio Visual Aids Commission [AVA], Learning Resource Centers [LRC], Educational Technology Training Centers [ETTC], libraries);
- Determine community health resources ( e.g., speakers, healthcare facilities);
- Review the annual budget for health and physical education instruction (do not include athletics);
- Investigate recent purchases and list potential needs (e.g., replacing equipment);
- Examine and analyze health data/profiles for school and community (e.g., *Violence and Vandalism Report*, *Youth Risk Behavior Survey* [YRBS], *New Jersey Adolescent Health Profile*, HIV incidence, teen pregnancy rates);
- Determine the availability of technological resources (e.g., video camera, digital camera, computers, Internet access, heart rate monitors);
- List available instructional facilities (e.g., pool, tennis courts, classroom, weight room) and when they are available (e.g., all-purpose room not available during lunch or assemblies);
- Determine which school and community programs reinforce and support instruction (e.g., peer mediation, health clinic, Municipal Alliance);
- Consider student body profile data (e.g., cultural and ethnic background);
- Discuss parent involvement, support, or opposition;
- List collegial opportunities and resources in the building or district (e.g., a teacher who is a competitive runner, swimmer, golfer, or gourmet chef);
- Inventory available equipment, considering safety, size, appropriateness, and applicability to program implementation (e.g., bats, balls, headgear, mats);
- Identify potential topics/sources of controversy and develop a plan to address them if they arise;
- Examine the district's program offerings for interdisciplinary opportunities; and
- Develop a list of potential community service projects and school-to-career opportunities related to health and physical education.

Developing curriculum, or even reviewing and revising an existing program, necessitates extensive fact-finding, research, and preparation. Collecting the data, however, is only the beginning. To assist districts to use public health data to support coordinated school health programs, numerous “how-to” manuals have been developed. One such manual, developed by the University of Colorado Health Sciences Center, is a compact notebook of information and worksheets to assist school district personnel to assess current health programming. *School Health Needs: A Starter Kit* provides a step-by-step procedure for collecting background information necessary to plan an effective school health program. *Educating for Health*, developed by the Education Development Center, is a health education curriculum manual that includes sample worksheets, checklists, and sample documents to support a step-by-step approach to curriculum planning.

After collecting and reviewing relevant data, the school district curriculum committee should answer the following questions:

- Do the expectations set forth for students in the *Comprehensive Health Education and Physical Education Standards and Framework* match those in our existing health and physical education curriculum?
- Does the existing curriculum address all six *Comprehensive Health Education and Physical Education Standards* and each cumulative progress indicator at the designated grade levels?
- Is there evidence of reinforcement, review, and mastery of the cumulative progress indicators at all levels?
- Are district assessment policies and practices aligned with the *Standards*? Are all teachers employing multiple means of assessment as part of course delivery? What kinds of training have the health and physical education teachers had to ensure consistent and fair assessment? How will students and parents be apprised of student performance?
- What specific program considerations need to be made in light of student body profile data, community demographics, school and community health information, and student, parent, and community expectations?



## CURRICULUM RENEWAL

Most school districts will not need to develop a health and physical education program from ground zero. The curriculum renewal process (Figure 6) offers a streamlined, yet still comprehensive, approach to align the existing program with the *Comprehensive Health Education and Physical Education Standards*. The school district committee charged with this task should include a district level administrator, building supervisors/principals, grade level teachers, and health and physical education content specialists. Parents, community leaders, and representatives from business and industry should be invited to participate in the process. Student input is extremely important and most valuable when debating the “appropriateness” of content and materials. The local board of education has the authority to approve curriculum; the committee acts in an advisory capacity only.

Curriculum should be developed before purchasing materials. Too many times, school districts select a textbook or program and tailor the curriculum to meet the program. Curricular goals and instructional objectives, based on the *Standards*, should drive instruction. Even a well-researched commercial program will not be effective if teachers have limited access to program materials or if school staff are not properly trained to utilize the materials. All teachers need access to the entire curriculum in order to envision the spiraling content. The scope and sequence chart should clearly illustrate this. Figure 7 suggests five simple rules to consider when developing curriculum scope and sequence

Teachers not normally involved in health education and physical education programs need to become familiar with the curriculum so health and physical education content and skills can be incorporated into daily classroom activities for reinforcement. By the same token, health and physical education teachers need to know other content area requirements and plan activities that match program goals and objectives. Articulation between grade levels or between schools (e.g., regional sending districts) may be difficult to accomplish but is necessary so that all students can be prepared to meet the *Standards*. Communication and collaboration are essential for effective curriculum development and implementation. This can be accomplished through regularly scheduled articulation meetings, the establishment of content networks, newsletters, and shared professional development opportunities. Finally, after collecting and reviewing the data, school district curriculum committees need to ask one final question:

***If classroom practices and expectations do not correlate with the state Standards, what changes could be proposed to align the curriculum with this document?***

The development of a “new” curriculum aligned with the *Standards* is not enough. School district curriculum committees should develop an action plan for curriculum implementation, staff development, and expanded local assessment of student knowledge and skills. The plan should clearly delineate the roles of teachers, supervisors, and administrators and should be grounded in the extensive data collected by the committee. The action plan lays the groundwork for teacher/student accountability in the implementation and achievement of the *Standards*.

**Figure 6**      **STEP BY STEP: CURRICULUM RENEWAL**

STAGE	CRITICAL ACTIONS
1. Plan.	<ul style="list-style-type: none"> <li>A. Establish the committee. <ul style="list-style-type: none"> <li>Grade level representation</li> <li>Building representation</li> <li>Community members, parents, students</li> </ul> </li> <li>B. Select a chairperson who has access to support services and the authority to direct activities.</li> <li>C. Develop a task list and timeline/action plan.</li> <li>D. Determine health and physical education resources. <ul style="list-style-type: none"> <li>Materials, equipment, and facilities</li> <li>Support services</li> <li>Consultant services</li> <li>Funding</li> <li>Instructors</li> </ul> </li> <li>E. Identify networks.</li> </ul>
2. Explore the subject area.	<ul style="list-style-type: none"> <li>A. Develop a rationale.</li> <li>B. Read state <i>Standards</i>, code, and statutes.</li> <li>C. Read national standards documents.</li> <li>D. Observe other programs.</li> <li>E. Review national trends; use list-servs and Web sites to ask questions and gather information.</li> </ul>
3. Examine ideas, trends, issues, and materials.	<ul style="list-style-type: none"> <li>A. Read journals, articles, and summaries.</li> <li>B. Identify current state and local issues.</li> <li>C. Review research-based or evaluated programs.</li> <li>D. Collect public health data.</li> <li>E. Identify available funding and what gets funded.</li> <li>F. Prioritize student needs based on data.</li> <li>G. Examine trends in healthcare, fitness, and social services.</li> </ul>
4. Analyze the existing program.	<ul style="list-style-type: none"> <li>A. Conduct pupil, parent, and teacher surveys.</li> <li>B. Review health data.</li> <li>C. Review program evaluations, if available.</li> <li>D. Analyze instructional time, materials, equipment, personnel, strategies used, and budget.</li> <li>E. Review qualifications of staff and staff development needs.</li> <li>F. Analyze assessment practices in use and review district data.</li> </ul>



**Figure 6** (continued)

STAGE	CRITICAL ACTIONS
5. Develop a recommended course of action.	<p>A. Use the <i>Standards</i> and <i>Framework</i> to examine gaps in instruction.</p> <p>B. Map content and methods.</p> <p>C. Create a vision or revise the old one.</p> <p>D. Revise the time line and action plan.</p> <p>E. Make formal recommendations to revise.</p>
6. Create or revise the curriculum.	<p>A. Develop an overview.</p> <p>B. Develop scope and sequence.</p> <p>C. Align with <i>Standards</i>.</p> <p>D. Develop local assessment measures.</p> <p>E. Complete adaptations, resource lists, etc.</p>
7. Implement the program.	<p>A. Develop an implementation plan.</p> <p>B. Train teachers.</p> <p>C. Monitor student assessment.</p> <p>D. Evaluate the program and modify as necessary.</p> <p>E. Create a time line for the next review.</p> <p>F. Budget for additional supplies, materials, and training.</p> <p>G. Get student, parent, and teacher feedback.</p>

Figure 7

**GENERAL PRINCIPLES: DEVELOPING SCOPE AND SEQUENCE**

*Children are often capable of more than we give them credit for.*

- **Simple content/skills should precede complex content.**

**Example:** Before students can learn how to prevent the transmission of HIV, they need to understand what causes diseases.

- **Content must match the maturation level of the learner.**

**Example:** Discussing puberty just prior to and during the process prepares students for the changes and is of great interest and concern for them.

- **Content that satisfies the immediate needs of the learner is more relevant than content aimed at long-term needs.**

**Example:** Driver's education for 16-17 year old students is a highly anticipated class.

- **Content and sequence are often determined by the faculty's philosophy and comfort level.**

**Example:** Critical thinking and decision making are important skills taught across all content areas and reinforced by all school staff as part of interdisciplinary teams.

- **Chronological order serves as a guide to sequencing some content.**

**Example:** Students better understand some diseases by studying them within the context of the historical period in which they occurred (e.g., black plague, polio, HIV).

## **THE CURRICULUM DEVELOPMENT TEAM: THE ROLE OF THE CONTENT SPECIALIST**

As members of the school district curriculum committee, teachers of health education and physical education are the content “experts.” It is imperative that health education and physical education specialists (including school nurses and family and consumer science teachers) are cognizant of the major changes in the field, the most current and relevant topics, and the teaching strategies found to be most effective. As content experts, health education and physical education teachers are expected to define terms, summarize research, and suggest strategies that support the research base.

For some districts, this may be the first time a health and physical education program is offered for students in early childhood programs. Classroom activities may need to be modified for these younger students. As content experts, health educators and physical education teachers may be called upon to actually instruct students in early childhood programs. In other school districts, content specialists may be called upon to assist or train early childhood teachers to provide such instruction. The specialist may be asked to serve as a content resource, providing the early childhood teacher with articles, information, and supportive materials.

It is imperative that health education and physical education content specialists take a lead role in the development of a comprehensive and coordinated program that articulates across grades, schools, and perhaps even districts. As part of the curriculum development and review process, health and physical education teachers need to answer the following key questions:

- What are other similar school districts doing to address the *Standards*?
- What areas do I personally feel uncomfortable or unprepared to teach? What can I do to change that?
- How can I support and develop a health-promoting environment?
- What can I do to showcase the health and physical education program using methods that truly reflect the instructional program?

## DEALING WITH SENSITIVE ISSUES

What makes an issue sensitive? How can teachers and school administrators prepare for controversy? By its very nature, health education is a controversial area. When developing the comprehensive health and physical education curriculum, schools need to be cognizant of issues and concerns that may impede instruction. The labeling of topics or teaching methods as controversial could deprive students of valuable information and skills and significantly impact their ability to learn.

Controversy in health and physical education develops when a cherished belief, economic interest, or basic principle is threatened. Traditionally, health and physical education has had its ardent supporters as well as its ardent opponents. Curriculum developers and teachers need to recognize that not all students and their families feel the same way about each issue. Ideas about wellness develop over time and are strongly influenced by family upbringing, past experiences, socio-economic status, and culture. An issue may be very sensitive and personal for one student yet have little impact on another (Dealing, 1997).

Educators need to develop a reasonable and consistent plan to deal with sensitive issues. The plan should allow for an open forum and examination of student and parental concerns. The process of curriculum development and materials adoption can promote proactive, positive interaction, actively engaging students and their families in the development of an instructional program that is relevant and meaningful. Keep in mind that the instructional program should meet the needs of all students, not just a “verbal” minority. Controversy can be positive, generating interest and energy (Newman & Farrell, 1991).

School districts need to develop clear policies about instructional practices. For example, N.J.S.A. 18A:35-4.7<sup>1</sup> allows parents to exempt their child from instruction in those aspects of health education that conflict with their sincerely held religious and moral beliefs. To effectively implement the intent of the statute, school districts need policies that clearly outline the application process, any required meetings with school staff, alternative student assignments, educational assessment, grading, and accountability for both student and teacher. In addition, the student, his/her parents, and the teacher need to discuss the transition into the regular instructional program once the “objectionable” content is covered. Teachers and administrators need to be familiar with such policies and implement them with consistency.

Questions about the health and physical education curriculum should be perceived as opportunities, not as threats. When questions are perceived as threats, teachers or administrators often answer incompletely or delay providing a response, hoping the issue will “go away.” Generally, a clear, concise, and honest response to a parental concern will clear up any misconceptions. On the other hand, objections are different from questions. Objections are differences of opinion that are highly emotional, rooted in very personal experiences. School districts need to develop a more detailed plan of action to deal with objections.

<sup>1</sup>N.J.S.A. 18A:35-4.7 Parent’s statement of conflict with conscience

Any child whose parent or guardian presents to the school principal a signed statement that any part of the instructions in health, family life education or sex education is in conflict with his conscience, or sincerely held moral or religious beliefs shall be excused from that portion of the course where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

Objections to health and physical education instruction may be handled informally by the classroom teacher or school administrator. These types of objections most often involve policy or process. If a teacher responds to this type of objection, he/she should inform the building administrator by the end of the school day and should follow-up with a written summary of the objection and response within five days. If the objector is not pleased with the informal response, the building principal should address the concerns. If this does not effectively address the issue, the objector should be advised to submit his/her concerns in writing to the school district administration (Newman & Farrell, 1991).

Dealing with controversy in health and physical education is inevitable. The very personal nature of the discipline—discussing death, sexuality, substance use, and even body image—cause some individuals concern. When handling conflict teachers and administrators need to:

- Listen to the whole concern.
- Seek comfort—sit in a relaxing area.
- Personalize the meeting by using the individual's name.
- Speak softly and use “I” messages.
- Ask questions and clarify meaning.
- Never assume anything.
- Pay attention to detail.
- Offer the individual thanks for his/her concerns.
- Involve others in the process, as appropriate ( e.g., principal, supervisor).
- Provide alternatives for action.
- Apply the principles of teaching and learning to the discussion. Vary the approaches used to be sure the individual understands the school's position.

While all parties may not agree on what is “best,” it is important that school staff recognize the sincere concerns of those who raise such issues. Inviting those individuals to participate in a school health advisory council may help. The American Cancer Society produced a booklet entitled *Improving School Health: A Guide to School Health Councils* to assist school districts in the development of school health councils. The booklet provides school staff, parents, and community leaders with a framework to guide the development of a school health council that can focus on such issues as fiscal and program planning, advocacy, and public relations. School health councils can focus on instructional programs or expand to include all facets of a coordinated school health program. School health advisory councils are not part of the administrative structure of schools and have no authority or legal responsibility for program development or implementation (Bellian, 1998). However, school health councils can examine student and community health concerns from a more holistic approach and provide interventions that address the myriad of health issues.

Dealing with sensitive issues requires school staff to be well informed and confident. Teachers and administrators need to be proactive, developing policies and procedures to address potential concerns. Most of all, school staff should be cooperative and collaborative when reviewing, revising, or developing the health and physical education instructional program.

## SUMMARY

Health and physical education specialists have a professional responsibility to become actively engaged in the school district's curriculum revision process. As content specialists, health educators and physical education teachers should be called upon to interpret data, define terms, and evaluate program offerings. The role of health and physical education content specialists is critical to the development of a curriculum that will enable all students to meet the *Standards*. Involving school staff, parents, students, and the community-at-large in the curriculum development process affords program support and reduces the likelihood of controversy.

